

PERSONNEL REPORT

INSTRUCTIONS:

This form is intended for keeping a current roster of all the facility personnel, other adults and licensees residing in the facility, including backup persons, volunteers and licensee if administrator/director. Show license/certificate number if applicable for specialized staff (e.g., Social Worker and other consultant(s). Show coverage for twenty-four hour supervision in residential facilities. Report any changes in personnel to the licensing agency as required by regulations. Send original to Licensing Agency and retain copy in facility file.

NAME OF FACILITY		FACILITY TYPE		FACILITY NUMBER			DO NOT WRITE IN THIS SPACE							
PREPARED BY				DATE			(For Licensing Agency Use Only When Reviewing Facility Files)							
A. STAFF SUBJECT TO FINGERPRINT REQUIREMENTS: The following staff members are subject to a criminal record clearance pursuant to Section 1522, 1569.17 and 1596.871 of the Health and Safety Code. Completed BID-7 Fingerprint Cards and the Child Abuse Index Check (LIC 198)* shall be submitted within 4 calendar days following employment or initial presence in the facility. Completed BID-7 Fingerprint Cards for Residential Care Facilities for the Elderly staff required to be fingerprinted, shall be submitted within 20 days following employment or initial presence in the facility.							Health Screening	T B Test	Empl App Filed	Bid 7 and LIC 198* Submitted	Comp of 20 Clk Hrs of Cont Ed for Admin	First Aid Training	DMV Class of License**	
NAME AND TITLE <small>(LICENSE/CERTIFICATE IF APPLICABLE)</small>		DATE EMPL'D	JOB DESCRIPTION <small>(INCLUDE IF UNDER "ON" OR "OFF" SITE SUPERVISION AND DEGREE OF CONTACT WITH CLIENTS)</small>	SSN <small>(Voluntary)</small>	DAYS AND HOURS ON DUTY									
					DAYS	FROM	TO							
Licensee/Administrator														

